

MISSOURI

STATE BOARD OF NURSING NEWSLETTER



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Address/Telephone Number

Missouri State Board of Nursing
3605 Missouri Boulevard
PO Box 656
Jefferson City, MO 65102-0656

573-751-0681 Main Line
573-751-0075 Fax

Web site: <http://pr.mo.gov>
E-mail: nursing@pr.mo.gov

Message from the President

Rhonda Shimmens, RN-C, BSN, MBA

August 28, 2015 Joint Regulatory Patient Safety Conference

Our second annual joint patient safety conference will be held on Friday, August 28, 2015, at the Capitol Plaza Hotel in Jefferson City, Missouri. The first conference, held in August 2014, was sponsored and planned by four health boards: nursing, pharmacy, healing arts and dental. The daylong conference included sessions on promoting a culture of safety, medication reconciliation, inter-professional collaboration, second victim syndrome and professional burnout.

We have expanded our partners to include other health regulatory boards including chiropractors, licensed professional counselors, social workers, sign language interpreters, psychologists and respiratory care therapists. All of our regulatory boards are unified in our public protection mission and are committed to jointly convening to identify strategies to improve patient safety. Providing patient-centered care is an approach that requires a team of healthcare providers to work in unison to provide the most effective treatment. We all know that health care providers don't practice in silos. They interact daily, and their patients' wellbeing depends on their ability to communicate and collaborate effectively.

The August 28, 2015 agenda includes topics to keep patients and practitioners safe. Topics include compassion satisfaction and compassion fatigue, keeping patients

safe in a telehealth world, sign language and health care delivery, and treating the impaired patient.

The conference will be held at the Capitol Plaza Hotel, 415 W. McCarty Street, Jefferson City, Missouri. Registration for this conference reached capacity within a few weeks of being advertised on our website.

June 2015 Board Decision Regarding Initial Licenses

The board approved a request to no longer issue a wallet-size license card upon initial licensure.

Although license cards have historically been perceived as "proof" of licensure, the fact is that wallet cards are subject to fraud, loss, and theft. Additionally, there is an assumption that the card carrier's license status is current as it reads on the card. In fact, the information could be up to two years old. Implementation of the Nurse Licensure Compact adds another element—whether the person has a multistate or single state license. Relying on license cards puts the public at risk and puts employers at risk for civil penalties and other sanctions.

Missouri has now joined several other states that have already eliminated license cards. We began this process by eliminating a license card upon license renewal on January 1, 2010. We have now transitioned to no longer issuing them upon initial licensure. Instead of receiving a license card, the board will provide a letter that directs the nurse to search for their record using Licensure QuickConfirm at

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Executive Director's Report

Authored by Lori Scheidt, Executive Director

Montana Nurse Licensure Compact to be Implemented October 1, 2015

A press release announcing Montana's adoption of the nurse licensure compact can be found in this newsletter.

Congratulations to Montana and welcome as the 25th state to join the nurse licensure compact.

If your primary state of residence is Montana and you also have a current Missouri license, your Missouri license will be inactivated on October 1, 2015. This is because the compact only allows you to hold one compact license and it must be issued by your primary state of residence.

Legislative Update

The 2015 legislative session of the Missouri General Assembly ended Friday, May 15, 2015. The Governor has 15 days to act on a bill if it is delivered to him during the legislative session; and 45 days if the legislature has adjourned or has recessed for a 30-day period. You can check the final disposition of bills and read the actual language at <http://moga.mo.gov/>.

Nursing Workforce Analysis

Representative Diane Franklin (R-District 123) filed House Bill 112. Passage of this bill would allow the State Board of Nursing, Board of Pharmacy, Missouri Dental Board,

State Committee of Psychologists, or State Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions and Professional Registration to individually or collectively enter into a contractual agreement with the Department of Health and Senior Services, a public institution of higher education, or a nonprofit entity for the purpose of collecting and analyzing workforce data. Information may be obtained from each board's licensees, registrants, or permit holders for future workforce planning and to assess the accessibility and availability of qualified health care services and practitioners in Missouri. The bill would require boards to work collaboratively with other state governmental entities to ensure coordination and avoid duplication of efforts. The bill would authorize boards to expend appropriated funds necessary for operational expenses of the program and allow the boards to accept grants to fund the collection or analysis. The bill requires that data collection be controlled and approved by the applicable state board conducting or requesting the collection. The bill specifies that income or other financial earnings data cannot be collected. Data collected under these provisions must be deemed the property of the state board requesting the data and must be maintained by the state board in accordance with Chapter 610, RSMo, the open meetings and records law, provided any information deemed closed or confidential must not be disclosed

Executive Director continued on page 5

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Missouri Nurses Association (<i>MONA</i>)	573-636-4623
Missouri League for Nursing (<i>MLN</i>)	573-635-5355
Missouri Hospital Association (<i>MHA</i>)	573-893-3700



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Number of Nurses Currently Licensed in the State of Missouri

As of July 1, 2015

Profession	Number
Licensed Practical Nurse	24,134
Registered Professional Nurse	97,840
Total	121,974

Missouri Nurses

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www.nursys.com. The nurse can print a report that will show the license number, original issue date, expiration date, whether the license is multistate or single state and discipline status.

Going cardless benefits the Board, licensees, employers and the public:

- Assists employers in satisfying The Joint Commission standards by requiring use of primary source data for license verifications
- Provides quicker access by employers to disciplinary actions taken by the Board
- Eliminates lost, stolen and duplicate licenses
- Diminishes chance of imposters using fraudulent licenses
- Increases the efficiency of licensure, investigative/monitoring and legal proceedings staff in license related functions
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Practical Tips to Protect Your License

Enroll yourself as an individual in e-Notify at www.nursys.com. Think of this product like a credit monitoring service where your credit report is monitored on a daily basis and you are notified of any significant changes including any time a new account is opened in your name. If you register as an individual in e-Notify, you will be notified of any new licenses, certificates or documents of recognition that have been issued using your licensure record; when a license is about to expire or does expire; and any disciplinary action that is taken on any of your licenses.

- RN licenses expire April 30th of every odd-numbered year. LPN licenses expire May 31st of every even-numbered year. When enrolling yourself in e-Notify, opt into the option to receive automated electronic reminders when you have a license that will be expiring within 30 days.
- Keep the board informed of your current name and address. A notification form can be found on our web site at www.pr.mo.gov/nursing. There are several reasons for this.
 - Licenses are suspended by operation of law for not filing or not paying state income taxes. If we do not have your current address, your license could be suspended without you receiving notification.
 - Failure to inform the board of your current address is cause to discipline your nursing license. You are required to inform the board of a change in your name and/or address within 30 days of the change.

Missouri is a member of the nurse licensure compact (NLC). This is similar to a driver's license where you are licensed in one state and can practice in other states that are members of the compact without having to obtain another license in that state. You can find an overview of the compact as well as a list of member states at www.ncsbn.org/compacts. The compact regulations also require that you keep your address updated. Whether you have a multistate or single state license depends on your primary state of residence.

Practice is where the patient is at the time nursing care is rendered. Know the state's Nursing Practice Act and rules before you practice. You can find the Missouri Nursing Practice on our web site. You can find links to other state boards of nursing at www.ncsbn.org.

June 2015 Board Meeting Decision on Legislative Proposals

The board approved pursuing legislation to adopt the new nurse licensure compact. A press release announcing the adoption of the new compact by the boards of nursing can be found in this newsletter. We will provide more detailed information on the new nurse licensure compact in the next newsletter.

The board also approved pursuing legislation to amend the Nursing Practice Act in the area of education. The first recommended change is regarding LPN IV therapy certification. Currently, a LPN can only be IV-certified if s/he takes a Missouri IV therapy course. The board will request that they be able to accept evidence of IV therapy certification from other states. This will eliminate the need for a nurse to take another IV therapy certification course if they already obtained it in another state. The next change would be to grant the board authority to regulate RN to BSN completion nursing education programs with legal domicile in the State of Missouri. The third change would be to allow the board to prescribe rules for registration of pre-licensure and RN to BSN completion distance learning nursing programs without legal domicile in the State of Missouri that recruit, enroll and educate nursing students in Missouri. The education section of our next newsletter will provide more detailed information about the recommended changes.



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Education Report

Board of Nursing Hosts First Best Practices in Nursing Education Conference



Innovative Best Practice in Nursing Conference Planners from left to right: Bibi Schultz, Education Administrator, MSBN, Dr. Rhoda Hutton Gann, Dean of Health Sciences & Nursing, State Fair Community College, Shelly Wehmeyer, Associate Education Administrator, MSBN, Mallory Ainsworth, Assistant to the Education Administrator, Dr. Rita Wunderlich, Faculty at Goldfarb School of Nursing and Debra Funk, Practice Administrator, MSBN.

The Missouri State Board of Nursing (MSBN) recently co-sponsored the *Innovative Best Practices in Nursing Education (IBP) Conference* with State Fair Community College. The event brought together 132 nursing educators, regulators and clinical partners from 42 nursing programs and several major clinical sites from across the state. The meeting was held April 10 at State Fair Community College's main campus in Sedalia. The purpose was to promote a platform for dialogue between these stakeholders about innovative nursing education models and employers' expectations of new graduate nurses.

"This conference brought together leaders in nursing to optimally define current expectations for new graduate

nurses," said Bibi Schultz, education administrator, MSBN. Additionally, it promoted innovative strategies in nursing education, guided students in their transition to nursing practice, and connected nurse educators from all levels of nursing education and all areas of the state to share their expertise. "It served as a beginning dialogue to promote collaboration between nurse educators, regulators and nurse employers."

Schultz said better collaboration between stakeholders will promote quality in nursing education. Innovative strategies in nursing education, designed to foster critical thinking and clinical decision making, enhance patient safety and public protection."

Using the World Café format, which encourages attendees to actively engage and converse with one another, attendees discussed various topics including: classroom technology, interdisciplinary learning, mentoring of nursing faculty, innovative strategies for classroom, clinical learning and academic progression. Participants also talked about indicators of successful nursing education programs and shared best practices in teaching and learning. Many nurse educators served as facilitators of round table discussions and eagerly shared their expertise. This raised awareness of practice needs and expectations, impact of innovative teaching strategies deliberately designed to facilitate critical thinking and to optimize clinical decision making directly fosters patient safety.

The Missouri State Board of Nursing (MSBN) is a state government agency whose mission is to protect the public by development and enforcement of state laws governing the safe practice of nursing. Co-sponsorship by the Missouri State Board of Nursing and State Fair Community College demonstrates the shared vision of Missouri regulators and nurse educators to ensure that nursing education keeps pace with demands of an ever changing, evolving practice environment so that patient care is safe and outcomes are supported.

Schedule of Board Meeting Dates through 2016



September 2-4, 2015
November 18-20, 2015
March 9-11, 2016
June 8-10, 2016
September 7-9, 2016
November 16-18, 2016

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.

If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.

Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>

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without consent of the applicable licensee or entity or as otherwise authorized by law. The data may only be released in an aggregate form in a manner that cannot be used to identify a specific individual or entity.

Supporters of the bill say that, currently, Missouri does not have reliable data about practice characteristics of health professionals practicing in the state. Without reliable information, the state is seriously misallocating resources and making decisions that may actually be detrimental to Missouri's health care workforce. Better information will allow the state and shareholders to make better decisions that address the actual needs of Missourians and the health care professionals who treat them.

This bill did not pass.

Advanced Practice Registered Nurse Practice Bills

Representative Eric Burlison (R-District 131) filed House Bill 633 and Senator Jay Wasson (R-District 20) filed Senate Bill 415. Passage of either of these bills would make changes to advanced practice registered nurse practice collaborative practice laws. This act provides that when an advanced practice registered nurse (APRN) diagnoses treatment for an acutely or chronically ill or injured patient pursuant to a collaborative practice arrangement then the collaborating physician shall be personally or electronically available for consultation. The APRN must provide a report of such patient encounters within fourteen days to the patient's primary healthcare provider. The collaborating physician must review all the charts for patients seen by an APRN for a chronic illness.

Currently, an APRN must practice for a period of at least one month with the collaborating physician continuously present before practicing without the physician continuously present. This act provides that the collaborating physician has the responsibility to determine that the APRN has the ability to perform a delegated medical act by documenting the completion of a sufficient period of time during which the APRN shall practice with the physician continuously present before practicing in a setting where the physician is not continuously present. The collaborating physician shall determine the appropriate length of time that the APRN must practice with the collaborative physician present.

Neither of these bills passed.

Advanced Practice Registered Nurse (APRN) Controlled Substance Prescribing

Representative Craig Redmon (R-District 4) filed House Bill 720 and Senator Wayne Wallingford (R-District 27) filed Senate Bill 313. Passage of either bill, as introduced, would allow an advanced practice registered nurse who holds a certificate of controlled substance prescriptive authority and who is delegated the authority to prescribe controlled substances under a collaborative practice arrangement may prescribe Schedule II, III, IV, and V controlled substances. Schedule II controlled substance prescriptions would be limited to one hundred twenty-hour supply without refill. Schedule III controlled substance prescriptions would no longer be limited to a one hundred twenty-hour supply without refill when prescribed by an advanced practice registered nurse.

An amended version of this bill passed in House Bill 709. If the bill becomes law, it would allow an Advanced Practice Registered Nurse who is delegated the authority to prescribe controlled substances under a collaborative practice arrangement to prescribe Schedule II medications that contain hydrocodone. It would limit those to a one hundred twenty-hour supply without refill.

Pain Management

Representative Elijah Haahr (R-District 134) filed House Bill 393 and Senator Jeanie Riddle (R-District 10) filed Senate Bill 217. Current law requires certain types of intervention pain management, including ablation of targeted nerves; percutaneous precision needle placement within the spinal column; and laser or endoscopic discectomy, to be performed only by licensed physicians, with certain exceptions. These bills remove the current expiration date of August 28, 2016.

Neither bill passed.

Moments with Marcus

Helping People Matter

by Marcus Engel

If you look at surveys and polls, nurses are consistently ranked one of the most trusted professions in America. I think we all inherently know that nurses didn't choose this profession to make millions or to have a cushy office suite. Nurses become nurses because they are, at their core, caring individuals.

I'm super lucky because I get to work with nurses who embody care and compassion. The spring is always cray cray busy due to the newly formed Patient Experience Week, then Nurses Week and then Hospitals Week. Even though I only spent about four nights at home during this ultra busy time, I got to meet some truly unforgettable nurses... and a few who have nothing to do with nursing.

Following a presentation at a large healthcare system in Tampa, I was sitting at the book signing table, meeting and greeting and sharing my heartfelt gratitude to individuals who have dedicated their life to helping patients just like me. My wife, A.K.A., the Hotness, was nearby, echoing her gratitude to as many hospital employees as possible.

A man approached my wife with tears in his eyes, embraced her in a huge bear hug and choked out, "Thank you...thank you for letting me know what I do matters! Thank you for letting me know I matter!"

Now, part of what I do is to emotionally connect healthcare professionals with best practices in patient care. And the truth is? Healthcare and care of the ill, injured or dying can certainly stir up feelings, especially for those on

the front line. Sometimes, health care professionals just need to have their feelings acknowledged and to know that it's not wrong to experience natural human emotions.

But, this gentleman? He isn't on the front line. And he's not a nurse. He is, believe it or not, part of the maintenance crew... not usually the type of person who cries at a story.

Now, I grew up in a blue collar family with stoic men. Ya know, the fabric of gents who work with their hands and who don't typically show a lot of emotion. That's why this interaction was so profound.

Just like this maintenance engineer, I want to know what I do matters. I want to know I matter. This is what we all want, right?

In fact, it's a natural human desire to know our life, our existence, our work... matters. I hope you know that you truly do make a difference in the lives of your patients every single day. Housekeeping, dietary, doctors, nurses, maintenance personnel, each of us is part of the patient experience. Each of us brings talents and skill into the art of healthcare. That, faithful reader, means we all matter.



Prescription Drug Monitoring

Senator Rob Schaaf (R-District 134) filed Senate Bill 111 and Representative Holly Rehder (R-District 148) filed House bill 130. Passage of either bill would establish the Prescription Drug Monitoring Act.

Neither bill passed.

Death Certificates



Representative Lyndall Fraker (R-District 137) filed House Bill 1113. Passage of this bill would add physician assistants, assistant physicians, and Advanced Practice Registered Nurses to the list of professionals who may complete death certificates.

This bill passed in House Bill 618 and was vetoed by the Governor.

Your Role in the Legislative Process

Legislation impacts nursing careers, shapes health care policy and influences the care delivered to patients. Your education, expertise, and well-earned public respect as a nurse can allow you to exert considerable influence on health care policy. Nurses have been somewhat reluctant to do this in the past but you are in an excellent position to advocate for patients. Never underestimate the importance of what you have to say. As a professional, you bring a unique perspective to health care issues and often have intricate knowledge that helps provide insight for our legislators.


You should make your thoughts known to your legislative representatives. You can meet with, call, write or e-mail your legislators. Let your legislators know how to reach you, what your area of expertise is, and that you are willing to give them information on issues related to nursing. You can find information about the status of bills and how to contact legislators at <http://moga.mo.gov/>



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Ten Years After the Institute of Medicine (IOM) Recommendation to NCSBN: Highlights of the Findings from the NCSBN National Nursing Adverse Event Reporting System – TERCAP®

A decade has passed since the publication of the 2004 Institute of Medicine (IOM) report “Keeping Patients Safe: Transforming the Work Environment of Nurses,” in which the IOM recommended that “The National Council of State Boards of Nursing [NCSBN], in consultation with patient safety experts and health care leaders, should undertake an initiative to design uniform processes across states for better distinguishing human errors from willful negligence and intentional misconduct, along with guidelines for their applicability by state boards of nursing and other state regulatory bodies having authority over nursing” (Institute of Medicine, 2004).

To systematically track and evaluate the causes of adverse events from both individual and system perspectives, and enable the development of proactive interventions to protect patient health and safety, NCSBN initiated the Taxonomy of Error Root Cause Analysis of Practice- responsibility (TERCAP®) project. Practice breakdown is defined as the disruption or absence of any of the aspects of good nursing practice and the term “practice breakdown” is used in this context because it broadens the categorization of events reported to TERCAP.

The TERCAP database, developed in 2007 in consultation with nursing regulators, researchers, and educators nationwide, is a direct response to the IOM’s concerns. It is designed for boards of nursing (BONs) to collect standardized, comprehensive and consistent information regarding nursing practice breakdown during investigations and report practice breakdown cases to NCSBN for analysis of error trends.

Based on 3,075 practice breakdown cases submitted by 25 BONs, NCSBN completed the 2014 TERCAP report, which examined all components involved in the TERCAP model by evaluating the contributing factors associated with practice breakdown from nurses, patients’, and system perspectives. Figure 1 shows the BONs that have contributed data to TERCAP.

Figure 1. BONs Contributing to TERCAP®



Highlights of the 2014 TERCAP Report

Nature of Practice Breakdown and Contributing System Factors

- 73 percent of the practice breakdown cases submitted to TERCAP involved unintentional errors.
- While 56 percent of the practice breakdown did not cause harm, 44 percent did cause harm to patients.
- The most frequently reported practice breakdown categories include a lack of professional responsibility and/or patient advocacy, defined as a nurse failing to act responsibly in protecting patient vulnerabilities (73 percent), lack of clinical reasoning (49 percent), and lack of intervention (48 percent).
- Miscommunication (38 percent) and health care team conflicts (39 percent) were the most frequently reported system factors contributing to practice breakdown.

Characteristics of Patients and Practice Breakdown

- 66 percent of the patients involved in a practice breakdown were 50 years or older.
- Patients 65 years or older are more likely to be affected by lack of intervention compared to patients 18 years of age or younger (56 percent versus 39 percent).
- At the time of the practice breakdown, 62 percent of patients up to 18 years of age were accompanied by their family or friends, while only 22 percent of patients aged 65 and above were accompanied by family or friends.

Characteristics of Nurses Contributed to Practice Breakdown

In line with previous NCSBN studies (E. H. Zhong, Kenward, Sheets, Doherty, & Gross, 2009; E.H. Zhong & Thomas, 2012), the 2014 TERCAP report showed that nurses with a previous negative job (discipline or termination for practice issues by employers) or discipline history were more likely to commit practice breakdown. In addition, male nurses and licensed practical nurse (LPNs) or vocational nurses (VNs) are over represented in the group of nurses who committed practice breakdown.

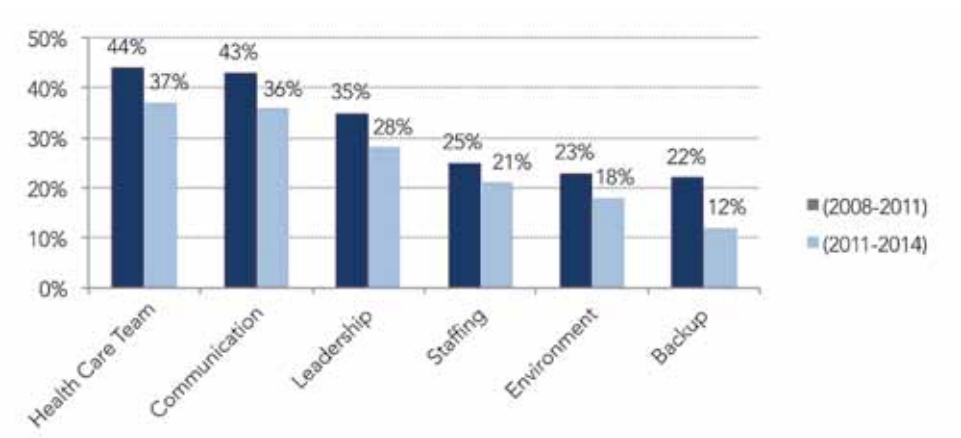
- 38 percent of the nurses had been previously disciplined by their employers for practice issues.
- 9 percent of the nurses had been disciplined by BONs before the current incident, while the average annual discipline rate by BONs in the general nursing workforce is less than 0.3 percent.
- 5 percent of the nurses had a criminal conviction history while less than 3 percent of the non-disciplined nurses had such a history.
- 15 percent of the nurses were male, compared to 9 percent of the national nursing workforce.
- 37 percent of the nurses held LPN/VN licenses, compared to 20 percent of the nursing workforce.

The Initial Trend Reviews (2008-2014)

The proportion of types of practice breakdown reported to TERCAP remained consistent over the past seven years. There was a slight decrease in the proportion of cases related to a lack of professional responsibility and/or patient advocacy from the 2008-2011 reporting period (78 percent) compared to the 2011-2014 reporting period (71 percent), and a slight increase in cases related to a lack of prevention, from 23 percent to 29 percent.

There was a slight decrease in the proportion of cases involving system factors reported to TERCAP since 2011 (Figure 2). This positive tendency could be a result of a group effort from BONs and other health care members in improving the health care system.

Figure 2. Proportion of Cases Involving System Factors Reported during 2008-2011 and 2011-2014



Facility Issues

The current report examined the distribution of registered nurses (RNs) and LPN/VNs by employment setting compared to the national composition. At the time of practice breakdown, 16 percent of RNs and 56 percent LPN/VNs worked in long-term care (LTC) facilities, while the HRSA U.S. Nursing Workforce report showed that nationally only 7 percent of RNs and 31 percent of LPN/VNs worked in nursing care facilities (HRSA, 2013). Conversely, 52 percent of RNs and 8 percent of LPN/VNs worked in hospital settings when the practice breakdown occurred; however, nationally, 63 percent of RNs and 29 percent of LPN/VNs worked in hospital settings (HRSA, 2013). The underlying causes for higher reporting of practice breakdown in LTC facilities compared to hospital settings are unclear. A further analysis on the cases reported from LTC facilities and hospitals showed the following:

- 85 percent of LTC nurses versus 3 percent of the hospital nurses were assigned more than 10 direct care patients.
- 80 percent of the LTC patients and 37 percent of the hospital patients were 65 years or older.
- 67 percent of the LTC facilities versus 20 percent of hospitals used paper documentation record systems.
- 28 percent of the LTC cases versus 17 percent hospital cases claimed that a staffing issue contributed to the practice breakdown.
- 32 percent of the LTC cases versus 25 percent of the hospital cases reported that leadership contributed to the practice breakdown.
- After BON investigations, 14 percent of the LTC cases versus 10 percent of the hospital cases were dismissed by BONs
- 49 percent of the LTC cases versus 57 percent of the cases from hospitals resulted in disciplinary action by BONs.

Summary

The proportions and types of practice breakdown reported to TERCAP remained consistent over the past seven years. Unintentional errors were the predominant cause (73 percent) of cases submitted to TERCAP, with less than half of the reported breakdowns involving harm to patients. Practice breakdowns occurred more frequently in LTC facilities, as compared with hospitals, and involved older patients at a higher frequency than younger patients. The TERCAP data supports existing evidence that nurses with a history of disciplinary action or reported violation experienced more practice breakdowns, particularly in male nurse and LPN/VN populations.

Future Plans

- NCSBN will continue the TERCAP data collection and further promote the TERCAP project at the state and national levels with the goal to increase participation of all BONs.
- NCSBN will monitor the possible trend changes after the implementation of the Affordable Care Act within a two-year time frame.

With the establishment and refinement of the TERCAP database, along with the release of the 2011, 2013 and 2014 TERCAP reports, NCSBN has fulfilled the IOM request of designing uniform processes for BONs to follow. With broader participation from BONs, additional analysis can be performed to further investigate the causes of practice breakdown and move the TERCAP project to the next level – development of rational strategies to prevent and reduce practice breakdown.

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Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.



CONTACT
National Council of State Boards of Nursing
111 E. Wacker Dr., Suite 2900
Chicago, IL 60601
312.525.3600
International Calls: +1.312.525.3600 Fax: 312.279.1032

Maryann Alexander, PhD, RN, FAAN
Chief Officer, Nursing Regulation
malexander@ncsbn.org
312.525.3695

Carey McCarthy, PhD, MPH, RN
Director, Research
cmccarthy@ncsbn.org
312.525.3612

Elizabeth H. Zhong, PhD, MEd
Associate, Research
ezhong@ncsbn.org
312.525.3636

Beth Radtke, MS
Associate, Nursing Regulation
bradtke@ncsbn.org
312.525.3655

NCSBN Delegate Assembly Adopts Revised Nurse Licensure Compacts

Chicago – A special Delegate Assembly of the National Council of State Boards of Nursing (NCSBN®), www.ncsbn.org, today approved the revised Nurse Licensure Compact (NLC) and the Advanced Practice Registered Nurse Compact (APRNC).

The NLC allows for registered nurses (RN) and licensed practical/vocational nurses (LPN/VN) to have one multistate license, with the ability to practice in both their home state and other NLC states. There are currently 25* states in the NLC. The APRNC allows an advanced practice registered nurse to hold one multistate license with a privilege to practice in other APRN compact states.

Boards of nursing (BONs) were the first health care provider regulatory bodies to develop a model for interstate practice with the original adoption of the NLC in 1997 and its implementation in 2000. While other health care provider regulatory bodies are just getting started in this process, the NLC has been operational and successful for more than 15 years.

Influenced by the growing need for nurse mobility and clarification of the authority to practice for many nurses currently engaged in telenursing or interstate practice, BONs have worked over the past several years to revise the NLC to ensure it reflects best practices and provides for continued high standards of public protection. The new NLC and APRNC are the result of their diligent work.

To learn more about the NLC view “The Nurse Licensure Compact Explained” video at <https://www.ncsbn.org/364.htm>. Additional information about the NLC and APRNC can be found at <https://www.ncsbn.org/compacts.htm>.

Founded March 15, 1978, as an independent not-for-profit organization, NCSBN was created to lessen the burdens of state governments and bring together boards of nursing (BONs) to act and counsel together on matters of common interest. NCSBN’s membership is comprised of the BONs in the 50 states, the District of Columbia, and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 21 associate members that are either nursing regulatory bodies or empowered regulatory authorities from other countries or territories.

NCSBN Member Boards protect the public by ensuring that safe and competent nursing care is provided by licensed nurses. These BONs regulate more than 4.5 million licensed nurses.

Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

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*NLC, states include: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, Montana, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin.

NCSBN Revises Definition of Entry-Level Nurse

Media Contact: Dawn M. Kappel
Director, Marketing & Communications
312.525.3667 direct
312.279.1034 fax
dkappel@ncsbn.org

Chicago – The National Council of State Boards of Nursing (NCSBN) Board of Directors has approved a revised definition of the entry-level nurse in the NCLEX environment, which was the result of analysis leading to the question of what constitutes the length of the entry-level period. The designation of entry-level will now be defined as a nurse having no more than 12 months of experience; previously it was defined as a nurse having no more than six months of experience.

NCLEX examinations are developed to measure the minimum knowledge, skills and abilities required to deliver safe, effective nursing care at the entry level. Part of the development process is to periodically review and define the examinee profile, the practice environment for entry-level nurses and the environment’s effect on the length of the entry-level period.

NCLEX conducts the NCLEX practice analyses every three years to examine entry-level practice. Using the data collected from these studies, NCSBN develops the NCLEX Test Plans. Analysis of data from a nine-year span indicates that the health care environment has become increasingly complex and what defines entry-level nursing should be reevaluated. NCSBN then researched practices used in other professions to identify the entry-level period, the current entry-level practice environment, today’s client population and the results of a nurse focus group and arrived at the new definition that will be used from this point forward.

Read more details on the research behind the change in the entry-level definition at <https://www.ncsbn.org/ReviewEntryLevelCharacteristicsandNCLEX.pdf>.

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Montana Becomes 25th State to Join the Nurse Licensure Compact (NLC)

Media Contact: Dawn M. Kappel
Director, Marketing & Communications
312.525.3667 direct
312.279.1034 fax
dkappel@ncsbn.org

Chicago – The National Council of State Boards of Nursing (NCSBN) and the Nurse Licensure Compact Administrators (NLCA) are pleased to announce that Montana has passed legislation to join the NLC, which was signed into law by Governor Steve Bullock. The state will now begin the rulemaking process to work toward implementation on Oct. 1, 2015.

“As a rural-frontier state, in some areas Montana lacks access to specialized nursing services and relies on telehealth services for important types of case management for patients facing chronic diseases. Increasing access for quality nursing care for the citizens of Montana was a motivating factor for the Montana Board of Nursing’s (MBON) support of promoting the legislation to become a member of the NLC,” stated Cynthia Gustafson PhD, RN, executive director, MBON. “We believe that becoming a member of the NLC ensures the MBON’s mission of public safety and the promotion of quality nursing care for Montana. Our neighboring states are also a part of the NLC so this will help nurses give the cross-border care we need in our part of the west where there are many miles between services.”

Implemented in 2000, the NLC advances public protection and access to care through the mutual recognition of one state-based license that is enforced locally and recognized nationally. The NLC is an interstate compact allowing a nurse to have one license (issued by the primary state of residence) with the privilege to practice in other compact states (both physically and via technology). The NLC applies to registered nurses (RNs) and licensed practical or vocational nurses (LPN/VNs).

Sandra Evans, MAEd, RN, chair, NLCA, executive director, Idaho Board of Nursing, applauds the efforts of the MBON who, in collaboration with their constituents and partners, worked for adoption of the NLC at a time when nurses are increasingly expected to provide care across state lines and commented, “The need for nurses in home and community-based health care settings as well as the delivery of health care via telehealth demands a new model of nursing regulation. The NLC complements the current regulatory authority of the MBON by removing unnecessary barriers to interstate practice while providing for the protection of Montana’s citizens.”

Currently, 24 other states have enacted the legislation allowing for participation in the NLC, including: Arizona, Arkansas, Colorado, Delaware, Idaho, Iowa, Kentucky, Maine, Maryland, Mississippi, Missouri, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia and Wisconsin.

Operationally, the NLC is administered by the NLCA, which is made up of the participating state-designated NLC administrators.

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Disciplinary Actions**

Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

**Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases.

CENSURE

Dujmovic, Jennifer R.

Saint Louis, MO
Registered Nurse 152066
From November 13, 2014, through January 27, 2015, Respondent failed to call in to NTS on one (1) day, November 20, 2014. Further, November 20, 2014 was a day Respondent had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. Pursuant to the terms of the Agreement, Respondent was required to submit a chemical dependency evaluation to the Board within eight (8) weeks of the effective date of the Agreement, or by December 4, 2014. The Board received a chemical dependency evaluation submitted on Respondent’s behalf on November 24, 2014; however, Respondent withheld information from her evaluator and told the evaluator she had made “one mistake.” Respondent failed to submit a thorough chemical dependency evaluation to the Board because she withheld information about her extensive Tramadol abuse, which caused the evaluator to send in an amended report on November 25, 2014. Pursuant to the terms of the Agreement, Respondent was required to show a copy of the Agreement to the chemical dependency professional before the evaluation was performed. Respondent failed to show the Agreement to the chemical dependency evaluator.
Censure 04/22/2015 to 04/23/2015

Lutes, Cassandra Lynn

Troy, MO
Registered Nurse 2000158996
From September 26, 2010, until January 22, 2015, Respondent failed to call in to NTS on six (6) different days. On November 20, 2014, Respondent provided a urine sample for testing, which was positive for ethyl glucuronide (EtG), a metabolite of alcohol.
Censure 04/14/2015 to 04/15/2015

Young, Alisha A.

Jackson, MO
Licensed Practical Nurse 058093
Licensee practiced nursing in Missouri without a license from June 1, 2012, to January 26, 2015.
Censure 03/17/2015 to 03/18/2015

Martin, Mary L.

Neosho, MO
Registered Nurse 094839
On the overnight shift of June 16, 2012 through June 17, 2012, Licensee provided care for patient FR. Licensee failed to document any care for patient FR and failed to give patient FR the nighttime dose of metronidazole which was prescribed. On the overnight shift of June 22, 2012 through June 23, 2012, Licensee was providing care for patient SL. Patient SL developed atrial fibrillation, however, Licensee failed to contact the physician to discuss the change in patient SL’s condition. Licensee signed the Record of Corrective Action, but further states: Concerning patient FR, Licensee contends that when the patient was brought to her floor she was advised the patient was all caught up on medications, and she relied on that information. Concerning patient SL, Licensee contends the patient’s heart rate was in the 60s, the patient was awake, breathing on the ventilator, and was not in pain. As such, she did not call the doctor. On June 12, 2013, Licensee was not feeling well and went home sick, leaving her shift early. Licensee had not documented any care for her patients prior to leaving. Licensee came in later the next day to document on her patients. Additionally, on the night shift from June 12, 2013 through June 13, 2013, Licensee raised her voice to a hospital courier who was bringing medical supplies, causing a disturbance and distraction for patients and nurses on the floor. Licensee contends that the supplies she had requested were not all delivered and she was trying to have the courier return so she could discuss the order.
Censure 03/17/2015 to 03/18/2015

Moore, Kristin Ann

Cameron, MO
Registered Nurse 2006018855
On September 25, 2013, patient SW contacted the hospice Team Manager with a complaint of being in pain. The Team Manager visited patient SW and learned that the patient fell on September 19, 2013. Patient SW reported the fall to the Home

Health Aide on September 19, 2013. The Home Health Aide reported patient SW’s fall that same day to Licensee. Licensee failed to do an incident report on patient SW’s fall, as required by hospice policy, and failed to document the fall in patient SW’s chart. Respondent failed to contact the Team Manager to report patient SW’s fall and Respondent failed to document that she had contacted the patient’s doctor regarding the fall. On September 26, 2013, patient PM was transferred to the Inpatient Unit for wound treatment. Upon admission, patient PM’s wounds were discovered to be much larger than what Licensee had last charted. The Team Manager spoke with Licensee about patient PM’s care and learned that Licensee was not contacting the doctor to get further orders relating to patient PM’s wound issues and was failing to document any conversations she was having with the doctor.
Censure 04/30/2015 to 05/01/2015

Marsh, Robert G.

Rogersville, MO
Registered Nurse 105886
Licensee was an advanced practice nurse and had a collaboration agreement with a physician. During mid-2013, anonymous complaints were made about licensee’s prescription practices and his administration of controlled substances and other medications at the clinic. An investigation revealed that licensee had issued incomplete controlled substance prescriptions which did not document the date they were written and signed and did not contain patients’ addresses as required.
Censure 04/25/2015 to 04/26/2015

Dutcher, Melissa Renee

Saint Charles, MO
Licensed Practical Nurse 2009008891
From December 6, 2013, until January 22, 2015, Respondent has failed to call in to NTS on eighteen (18) different days. In addition, on September 24, 2014, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on September 24, 2014. On November 10, 2014, the discipline administrator sent Respondent a warning e-mail notifying her that Respondent had missed calling into NTS on fourteen (14) occasions, three (3) of which occurred in October, 2014. Respondent responded that that she would try to correct the situation. Respondent missed calling NTS four (4) more times after receiving the warning e-mail, including three (3) more missed calls in November 2014. In addition, on April 26, 2014, Respondent reported to a lab and submitted the required sample which showed a low creatinine reading. Respondent’s creatinine reading was 17.4 for the April 26, 2014, sample.
Censure 04/20/2015 to 04/21/2015

Walter, Theresa Lynel

Cook Station, MO
Licensed Practical Nurse 2006012839
On January 16, 2014, while on duty as an LPN, Respondent submitted to a random drug screen administered by her employer. Respondent tested positive for THC. Respondent inadvertently consumed brownies laced with marijuana.
Censure 04/20/2015 to 04/21/2015

Mounce, Dawn M.

Ironton, MO
Licensed Practical Nurse 054114
Licensee practiced nursing in Missouri without a valid license to do so from June 1, 2012, through September 16, 2014.
Censure 04/15/2015 to 04/16/2015

Habtemichael, Lewam T.

Saint Louis, MO
Registered Nurse 2014013141
On March 7, 2013, Licensee pled guilty to the class D felony of driving while intoxicated (DWI), Persistent Offender. The factual basis for her plea to felony DWI, persistent offender, was that Licensee pled guilty to driving with an excessive blood alcohol content , for events occurring on August 28, 2009 and on March 11, 2009, Licensee pled guilty to driving while intoxicated, for events occurring on January 11, 2009. Licensee was screened and approved for alternative court, specifically DWI Court, in the Circuit Court of St. Louis County on March 7, 2013, and sentencing was deferred. Upon completion of the DWI program she was allowed to withdraw her guilty plea to the Class D felony and allowed to plead guilty to the amended charge of a Class A misdemeanor of DWI. The Administrative Hearing Commission granted her an unrestricted license.
Miscellaneous 03/04/2015 to 03/04/2015

PROBATION

Femmer, Terra Maureen

Villa Ridge, MO
Licensed Practical Nurse 2012034007
On November 27, 2012, Respondent tested positive for THC, a metabolite of marijuana.
Probation 04/08/2015 to 04/08/2020

Probation continued on page 10

The Board of Nursing is requesting contact from the following individuals:

Katherine Thomas – PN 2005031199
John Murphy – RN 2004019246
Linda Teson – PN 2012016646
Brianna Russell – PN 2005000647
Michael Marcum – RN 2002019966
Olivia Lehenbauer – RN 2005032679
Kelly Burke – RN 2004020662
Amanda Scantlin – PN 2009028332
April White – PN 2010007940
Erin England – 2006013119
Mary Hawthorne – RN 2010036788
Karen Lukefahr – RN 079612
Gaile Maddux-Wolfguts – RN 109555
Leroy Seitz – PN 2010039967
Sonja Burk – RN 2009029761

If anyone has knowledge of their whereabouts, please contact Kristi at 573-751-0082 or send an email to nursing@pr.mo.gov

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PROBATION continued...

Barnhart, Stacy Lynn
Russellville, MO
Licensed Practical Nurse 2006005957
On November 15, 2013, Licensee pled guilty to the class C felony of possession of a controlled substance.
Probation 05/26/2015 to 05/26/2020

Campbell, Jennifer Renee
Moberly, MO
Registered Nurse 2003015964
On or about August/September 2013, chart audits of licensee's activities in the PACU revealed concerns with Licensee's charting capabilities and her lack of proper documentation. Licensee charted administering medications without physicians' written orders and the information she did chart was not legible. Licensee indicated to superiors she had verbal conversations with physicians about ordered medications and eventually admitted that she forgot to document such orders in her charting. Licensee's charting was again reviewed in January 2014 for the time frame of November 2013 to January 2014; again Licensee was administering medications without documenting orders. Licensee admitted to the Board's investigator that she "had a very bad habit of getting the meds and then forgetting to chart it."
Probation 04/14/2015 to 04/14/2017

Fisk, Donna J.
El Dorado Springs, MO
Licensed Practical Nurse 043612
On December 10, 2013, Licensee was providing care for patient LT. Licensee received report from a nurse's aide that patient LT was experiencing weakness on one side of her body. Throughout the night, patient LT needed more and more assistance with

Martin, Amy Rose
Washington, MO
Registered Nurse 2005008985
On June 11, 2012, Respondent tested positive for marijuana.
Probation 05/22/2015 to 06/08/2017

Probation continued on page 11

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Probation continued from page 10

getting out of bed and using the restroom. Patient LT had previously been able to do this on her own. Patient LT had a history of having strokes. Licensee failed to notify patient LT’s physician about patient LT displaying signs and symptoms of a stroke and a significant decline in functional abilities. Patient LT’s transfer to the hospital and subsequent medical treatment was delayed as a result of Licensee’s failure to notify the physician.
Probation 04/07/2015 to 04/07/2016

Carrel, Karlton C.
Clayton, MO
Licensed Practical Nurse 2012024071

On September 16, 2013, Respondent was providing care for patient HM. HM’s doctor had requested a Venous Doppler test. During the night, Respondent received the results of the test, indicating that patient HM had acute deep vein thrombosis. Respondent failed to notify patient HM’s physician of this new, significant change in patient HM’s condition, which delayed appropriate treatment and care for patient HM. On April 10, 2013, Respondent administered an injectable medication to a client that did not have a doctor’s order for the medication that was administered. On April 22, 2013, Respondent was counseled for giving a patient an injection for a medication that the patient had already received and was not scheduled to receive again at that time. Respondent gave the second injection to the patient because Respondent had not yet documented the first injection into the patient’s chart.
Probation 04/06/2015 to 04/06/2017

Rabbitt, Martha A.
Saint Louis, MO
Registered Nurse 133156

On July 23, 2010, Licensee gave patient T.D. a Sulfatrim DS tablet. Licensee signed the medication out on the stock sheet. However, Licensee did not start a medication administration sheet for T.D. Licensee also did not enter a sick call into the computer or document the administration in T.D’s medical record. Licensee failed to accurately document the administration of medications to T.D., a patient in her care.
Probation 04/07/2015 to 04/08/2015

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PROBATION continued...

Prost, Brandi Renae
Pacific, MO
Registered Nurse
The Pennsylvania Board of Nursing disciplined Licensee’s nursing license upon grounds for which suspension or revocation is authorized in this State.
On May 2, 2011, Licensee pled guilty to the class C felony of burglary in the second degree and the class A misdemeanor of stealing in the Circuit Court of St. Charles County, Missouri. On June 9, 2011, Licensee pled guilty to the class C felony of stealing in the Circuit Court of St. Louis County, Missouri. Licensee was referred to the St. Louis County Drug Court Program, which she successfully completed. Licensee was allowed to withdraw her guilty plea on August 21, 2013, and the case was dismissed.
Probation 04/21/2015 to 04/21/2020

Sickels, Teresa L.
Saint Peters, MO
Registered Nurse 083655

On May 15, 2014, licensee was called out of a meeting to attend to student ML. ML presented with an elevated blood sugar level of 590. ML’s mother was called and both Licensee and ML spoke to her via a speaker phone several times. ML vomited, and ML’s mother told licensee to call 911. Licensee did not call 911. After ML’s brother arrived, Licensee then incorrectly drew 90 units of Humalog insulin, bending the needle’s syringe in the process, to be administered to ML, and handed the syringe to ML’s brother to administer it to ML. The brother declined. Licensee then asked ML to self-administer the insulin. ML then noticed that the syringe contained the incorrect amount of 90 units rather than the correct amount of 9 units. ML also noticed that the syringe’s needle was bent. Licensee then wasted the 90 units and refilled another syringe. Licensee asked ML to confirm the amount now in the syringe because she was not wearing eyeglasses and ML then noticed there were only approximately 8 units of insulin in the new syringe. Licensee then corrected the amount of insulin by drawing approximately one more unit, and handed the syringe to ML to self-administer the insulin. ML at this point self-administered the insulin. An administrator then asked licensee if 911 had been called. Licensee responded by asking if now 911 should be called. A

PROBATION continued...

significant amount of time had now passed since ML’s mother’s initial request to call 911. 911 was then called, and an ambulance crew responded and took ML to a local hospital. Licensee admitted to the Board’s investigator that she “waited” to call 911 because she was “confident the student was going to be fine.”
Probation 03/24/2015 to 03/24/2017

Henry, Jerry N.
Saint Louis, MO
Registered Nurse 095804

On November 25, 2014, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. On December 15, 2014, Respondent reported to a collection site to provide a sample and the sample tested positive for Phosphatidyl Ethanol (PEth), another metabolite of alcohol, which is indicative of binge drinking alcohol. Respondent admitted to Dr. Greg Elam, medical review officer with NTS, that he was binge drinking the day after Thanksgiving and again the day after the test on December 15, 2014. Respondent admitted to consuming ten to fifteen (10-15) drinks of Vodka the day after Thanksgiving. On January 28, 2015, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted to Dr. Greg Elam, medical review officer with NTS, that he consumed seven (7) Vodka drinks on the night of January 21, 2015.
Probation 04/13/2015 to 04/13/2018

Probation continued on page 12




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Director of Nursing, Emergency, Trauma and Disaster Services
Saint Louis University Hospital

Probation 03/25/2015 to 03/25/2017

Probation 04/13/2015 to 04/13/2018

On April 14, 2013, Respondent withdrew 5 mg of Morphine and administered 2 mg but never documented the remaining 3 mg as administered or wasted. On April 19, 2013, Respondent withdrew 50 mcg of Fentanyl but did not document it as wasted until 9.45 hours after it was dispensed. On April 20, 2013,

Respondent withdrew 1 mg of Hydromorphone but did not document it as wasted until seven hours after it was dispensed. On April 20, 2013, Respondent withdrew 50 mcg of Fentanyl but did not document it as wasted until six hours after it was dispensed. On April 21, 2013, Respondent withdrew 50 mcg of Fentanyl but did not document it as wasted until 17 hours after it was dispensed. On April 21, 2013, Respondent withdrew 50 mcg of Fentanyl but did not document it as administered or wasted. On April 22, 2013, Respondent withdrew 1 mg of Hydromorphone and documented .6 mg as administered but the remaining .4 mg was not documented as administered or wasted. On May 4, 2013, Respondent withdrew 50mcg of Fentanyl but did not document it as wasted until six hours after it was dispensed. Another dose of 50 mcg Fentanyl on the same date was not documented as wasted until 5.3 hours after it was dispensed. Another dose of 50 mcg Fentanyl on the same date was not documented as wasted until five (5) hours after it was dispensed. Another dose of 50 mcg Fentanyl on the same date was not documented as wasted until four hours after it was dispensed. On May 5, 2013, Respondent withdrew 50 mcg of Fentanyl but did not document it as wasted until 5.3 hours after it was dispensed. Another dose of 50 mcg Fentanyl on the same date was not documented as wasted until 5 hours after it was dispensed. Another dose of 50 mcg Fentanyl on the same date was not documented as wasted until five hours after it was dispensed. Another dose of 50 mcg Fentanyl on the same date was not documented as wasted until four hours after it was dispensed. Another dose of 50 mcg Fentanyl on the same date was not documented as wasted until four hours after it was dispensed. Another dose of 50 mcg Fentanyl on the same date was not documented as wasted until three hours after it was dispensed. Another dose of 50 mcg Fentanyl on the same date was not documented as wasted until three hours after it was dispensed. On May 6, 2013, Respondent withdrew two separate doses of 50 mcg of Fentanyl, but did not document either of them as being administered. Respondent tested positive for Fentanyl. Probation 04/13/2015 to 04/13/2020

Probation 03/30/2015 to 03/30/2020

Probation 04/16/2015 to 04/16/2018

Probation 03/18/2015 to 03/18/2020

Probation 04/13/2015 to 04/13/2020

From August 6, 2013 through January 27, 2015, Respondent has failed to call in to NTS on one day, which was November 11, 2013. Further, on January 9, 2015, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In accordance with the terms of the Agreement, On November 19, 2014, Respondent reported to a collection site to provide a sample and the sample tested positive

Probation continued on page 13



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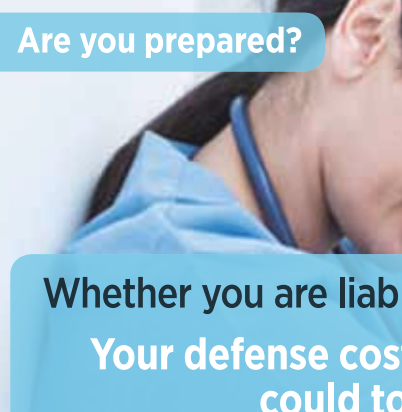
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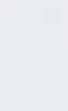
Defense experts supported the actions of the nurse in referring the patient to the ER immediately. Discovery also confirmed that the patient had been ill for several days before seeking help, and the defense concluded that no treatment could have reversed the course of the illness.

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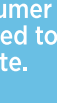
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Probation continued from page 12

for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted to Dr. Greg Elam of NTS that she had been drinking wine two nights before she was tested.
Probation 04/15/2015 to 04/15/2020

Turner, Lawrence R.
Florissant, MO
Registered Nurse 103954

The California State Board of Nursing disciplined Respondent's license upon grounds for which suspension or revocation is authorized in this state.
Probation 04/13/2015 to 04/13/2016

Newcomb, Robert B.
Saint Louis, MO
Registered Nurse 148021

On October 17, 2000, Licensee pled guilty to the class B misdemeanor of boating while intoxicated. On December 17, 2010, Licensee pled guilty to the class A misdemeanors of Possession of a Controlled Substance and Unlawful Possession of Drug Paraphernalia. Licensee last consumed alcohol on or about July 2, 2014 and last consumed marijuana in the spring of 2014, which he found "joyfully ironic." Licensee has received treatment for substance abuse and continues with aftercare.
Probation 05/13/2015 to 05/13/2020

Foti, Pamela Faye
Kansas City, MO
Registered Nurse 2001008572

On March 10, 2014, Licensee was observed demonstrating impaired behavior while on duty at the hospital. The Human Resources Coordinator at the hospital asked Licensee to take a drug screen and a breathalyzer test for alcohol per facility policy. Licensee refused to take the drug screen and breathalyzer test. Licensee informed the Human Resources Coordinator that if she submitted a sample for the breathalyzer the test would be positive. Licensee was terminated from the hospital on March 10, 2014, due to refusing to submit to the drug and alcohol screenings. Licensee submitted medical records to the Board from a March 14, 2014, doctor visit which indicate that Licensee has a diagnosis of alcoholism and alcohol dependence.
Probation 04/07/2015 to 04/07/2020

Spotwood, Al
Grandview, MO
Licensed Practical Nurse 2010013747

Resident LF was a full code. On April 24, 2013 at approximately 8:45 PM, Licensee saw resident LF and took his vitals and

PROBATION continued...

administered medications. At approximately 9:30 PM, a CNA checked on resident LF and called for Licensee to come to the resident's room. Licensee went to resident LF's room and found LF to be unresponsive, not breathing, and with no audible heart tones. Licensee left the room to call the Assistant Director of Nursing (ADON) to ask what to do next. The ADON informed Licensee he needed to perform CPR and notify 911 as the resident is a full code. Licensee went back to the room and performed CPR until emergency services arrived. Licensee failed to immediately provide appropriate care to a resident who was discovered unresponsive and who was a full code. Licensee was placed on the Missouri Department of Health and Senior Services Employee Disqualification List for a period of twelve (12) months, effective April 21, 2014.
Probation 04/14/2015 to 04/14/2017

Wilson, Sarah Danielle
Saint Charles, MO
Licensed Practical Nurse 2006011843

In February, 2014, a medication audit of controlled substances withdrawn at the facility conducted by facility revealed licensee had given her badge number and password to at least two other nurses at the facility, who used that identification to access various medications, including controlled substances, from the facility's Diebold system.
Probation 03/07/2015 to 03/07/2017

Alexander, Candace G.
Festus, MO
Licensed Practical Nurse 020835

It was determined that Licensee had administered hydromorphone to the patient by means of an intravenous push. Pursuant to 20 CSR 2200-6.030:

(7) Graduate practical nurses and licensed practical nurses shall NOT, under any condition, perform the following functions or duties:
(G) Administer drug(s) via the intravenous push or intravenous bolus mode of delivery except when life-threatening circumstances require such administration[.]

The Chief Nursing Officer at the hospital reviewed Licensee's Pyxis medication withdrawals and associated patient medical administration records and discovered that Licensee had administered medications by intravenous push on more than one hundred and fifty (150) occasions between January 1, 2014 and September 16, 2014. When questioned, Licensee admitted to administering medications by intravenous push on multiple occasions.
Probation 04/28/2015 to 04/29/2015

PROBATION continued...

Prough, Taylor Kathleen
Kirksville, MO
Licensed Practical Nurse 2013029184

On or about May 1, 2014, administration observed Licensee sitting in the break room from 2:00 am until 4:00 am. Licensee later documented patient vital signs that were allegedly taken during the time period she was in the break room. When questioned, Licensee admitted to falsifying the vital signs documentation of residents. Licensee was terminated from on May 2, 2014, due to falsifying patient documentation.
Probation 05/26/2015 to 06/11/2015

Pelizzaro, Malerie Jean
Arnold, MO
Registered Nurse 2012027609

On five (5) occasions Licensee was late and/or called out for scheduled work shifts. Licensee was observed to be sleeping at work on several occasions. On May 5, 2014, Licensee arrived at work an hour and a half late and was removed from her shift, and asked to submit to "for cause" drug testing due to changes in her physical appearance and behavior, including her eyes that were red and puffy and her unusually slow speech. On May 5, 2014, Licensee refused drug testing. Licensee admitted to the Board's investigator that she smoked Marijuana during her employment at the hospital and after she was terminated she used Methamphetamines and became addicted to them.
Probation 04/25/2015 to 04/25/2020

Fenton, Malinda Gay
Ballwin, MO
Registered Nurse 2015014571

On September 30, 2004, the Board issued its Order of the State Board of Nursing Regarding Issuance of a Probated License to Malinda Gay Fenton renewing Applicant's license and placing her license on probation for four (4) years under specified terms and conditions as a result of Applicant using and possessing methamphetamines, a controlled substance for which she did not have a prescription. On February 11, 2005, Applicant was noted to be acting strange at work. She was drug tested and the test was positive for methamphetamine for which she did not have a prescription. On May 3, 2006, Applicant pled guilty to the class A misdemeanor of resisting arrest by fleeing. Applicant disclosed a history of using and abusing methamphetamines and cocaine for which she did not have prescriptions.
Probation 05/14/2015 to 05/14/2018

Probation continued on page 14



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Probation continued from page 13

Jones, Brenda Jean

Houston, TX

Registered Nurse 139798

On July 2, 2014, Licensee submitted a sample for a pre-employment drug test. The test result was confirmed positive for marijuana.

Probation 03/06/2015 to 03/06/2020

Pruett, Vickie Sue

Greentop, MO

Registered Nurse 130875

On March 21, 2014, Respondent pled guilty to the class C felony of domestic assault in the second degree. Respondent was sentenced on May 1, 2014 to five (5) years probation. On or about November 12, 2012, Respondent knowingly caused physical injury to a juvenile victim by grabbing him by the collar, shoving his head against the wall and shaking him, and the juvenile victim is the Respondent's grandchild.

Probation 04/06/2015 to 04/06/2017

Davis, Stephanie Nichole

Union, MO

Registered Nurse 2001017666

On December 6, 2013, Respondent tested positive for THC, a metabolite of marijuana.

Probation 04/06/2015 to 04/06/2020

Flick, Laura Lee

Ozark, MO

Licensed Practical Nurse 2002024921

On May 29, 2013, the facility conducted an audit and noted there were five missing Fentanyl patches from its inventory. All five nurses who were on duty from May 25, 2013, through May 29, 2013, were drug tested in drug screens done at the request of the facility, but none tested positive for Fentanyl. Respondent did, however, test positive for methamphetamine in the drug screen, to which she submitted on June 4, 2013.

Probation 04/06/2015 to 04/06/2020

Linder, Daniel Welles

Columbia, MO

Registered Nurse 2003002689

On April 11, 2013, the Board received Licensee's RN Petition for License Renewal (Application). Previously, on April 28, 2010, Licensee had signed and entered into a Consent Agreement with the Arizona State Board of Nursing in case number 0908067, which contained Findings of Fact and Conclusions of Law. Licensee specifically stated in the document that he admitted the Findings of Fact and Conclusions of Law, which stated among other violations, that he failed to document 13 doses of Dilaudid, that he failed to document 18 doses of Fentanyl; and that he failed to document two doses of Morphine.

The violations Licensee committed while a nurse in Arizona which include but are not limited to, failure to document controlled substances while working as an RN and admitted, are violations of the Nursing Practice Act of either state. Licensee has admitted that he was properly subject to discipline in the state of Arizona and was disciplined by that State's Board of Nursing, and has signed the Arizona consent forms, and he admitted to those findings and admitted that any of the findings therein could be used in further disciplinary proceedings. Licensee and the Board agree to mutually resolve all claims from the licensee's two appeals to the Administrative Hearing Commission through a settlement agreement which is for a period of probation to end on May 22, 2016 .

Probation 05/22/2015 to 05/22/2016

PROBATION continued...

Bounds, Miriam

Kansas City, MO

Licensed Practical Nurse 2009026431

Effective January 28, 2014, the Kansas Board issued a Summary Order denying Respondent's application for reinstatement of her Kansas nursing license. In the Summary Order, the Kansas State Board of Nursing found that: Respondent was employed from November 1, 2011 through July 7, 2012 by Correct Care Solutions and was assigned to the Wyandotte County Corrections. Respondent was terminated on July 7, 2012 for the reason "unable to perform essential job function." In February 2012 an inmate had an order for Lithium but Respondent gave the inmate Librium 300 mg. Inmate was sent to the hospital and dose was potentially lethal. Respondent failed to sign off of Medication Administration Reports (MAR) at 1700 and 2100 on May 20, 2012. Respondent did not sign until June 4, 2012. Respondent failed to fill out the May 24, 2012 through May 27, 2012 juvenile shift reports and information was unavailable to give to the staff at the Monday morning staff report. Respondent obtained an order for insulin for an inmate but no telephone orders were written and no insulin units were recorded on flow sheet. An inmate came in on June 15, 2012 and an order was written to start medication administration to begin on June 17, 2012 but Respondent gave the medication on June 15, 2012. An inmate arrived on June 27, 2012 with an order to administer clonidine 0.1 mg; order sheet and MAR had Klonopin 0.1 mg listed by Respondent. Respondent admitted she wrote down the wrong drug. Respondent had orders written for a second treatment for a patient. Respondent opened a tube of the medication on or about July 7, 2012 and put half of the medication into 5 medicine cups. License documented she did not know what the cream was for or how to apply it. Respondent's Kansas nursing license reinstatement was denied.

Probation 04/06/2015 to 04/06/2016

REVOKED

Todd, Kimberly S.

Branson, MO

Licensed Practical Nurse 2002022337

On August 29, 2013, a discrepancy was noted in a controlled substance count in that two tabs of Percocet that had been delivered to the facility on August 27, 2013, were found to be missing. Respondent had participated in the counting of the Percocet on August 28, 2013. Respondent reported on the August 29, 2013, ending shift that two cards of Percocet were missing from a medication cart. When asked about the whereabouts of the missing Percocet by facility officials, Respondent stated she did not know anything about it. On September 4, 2013, Respondent submitted a sample for the requested drug screen, which came back positive for cocaine and opiates. Further investigation at the facility revealed that Respondent had ordered Percocet as refills for various patients at the facility from a pharmacy over the last three months at least thirteen different times. None of the Percocet pills ordered by Respondent were shown to be administered to patients, wasted or otherwise accounted for. Respondent did not report to the Board at any time her pleas of guilty: (1) to driving while intoxicated on September 11, 2003 (2) to a subsequent driving while intoxicated on September 28, 2004 and (3) to Criminal Non-support on November 13, 2012.

Revoked 03/23/2015

Broom, Richard Ray

Rogersville, MO

Registered Nurse 2007000771

REVOCATION continued...

On January 10, 2014, Respondent submitted documentation that he had completed an assessment on a patient. However, video recording showed that Respondent never entered that particular patient's room. When asked by the Board's investigator if he had completed this assessment in another place in the facility, Respondent stated he could not remember. The documentation Respondent submitted also noted that he was performing the assessment over a period of time which included 10:44 am, and a co-worker saw Respondent driving his vehicle at approximately that same time. On a second patient on January 10, 2014, Respondent documented he had completed an assessment on the patient and that it took him approximately 30 minutes. Video recordings showed Respondent spent only about 8 minutes in the patient's room at that time. Further, on January 20, 2014, Respondent submitted documentation that he had arrived at a patient's home earlier than a CNA did. The CNA reported that he arrived after she did. On January 24, 2014, Respondent submitted documentation that he had left a patient's home after a CNA had left, but the CNA reported that he had left before she did.

Revoked 03/23/2015

Hall, Joel R.

Baxter Springs, KS

Registered Nurse 142933

Respondent was required to call a toll free number every day to determine if he was required to submit to a test that day. From December 2, 2014, through January 27, 2015, Respondent has failed to call in to NTS on fifty-six (56) different days. Further, on December 5, 2014, December 22, 2014 and January 2, 2015, Respondent had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In accordance with the terms of the Agreement, Respondent was required to submit quarterly employer evaluations or a statement of unemployment. Respondent did not submit an employer evaluation or an unemployment statement by the documentation due date of January 12, 2015.

Revoked 03/23/2015

Latimer, Roger Scott

Forsyth, MO

Licensed Practical Nurse 2005005234

On June 17, 2013, Respondent reported to work and was exhibiting behaviors consistent with being impaired. Respondent was observed "bouncing off the walls," "slurring his speech, staggering while walking, jumping into conversations he had no knowledge of, zoning off into space and [being] rude." Respondent incorrectly set up medications for the medication pass for jail inmates. Respondent was given a Breathalyzer test at 4:31 p.m., which had a reading of .086. A second Breathalyzer test was given at 4:47 p.m., which had a reading of .079. Respondent admitted that he had been consuming beer, an alcoholic beverage, prior to reporting to work.

On or about January 11, 2012, Respondent signed out a patient's Duragesic (Fentanyl) patch, removed the patch from the facility, and later threw it away. His employment was terminated for theft of a patient's property.

Revoked 03/23/2015

Lowrie, Angela L.

Mindenmines, MO

Registered Nurse 134384

Respondent was employed as a registered professional nurse by a hospital in Joplin, Missouri from November 19, 2012 through

Revocation continued on page 15

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June 28, 2013. Respondent worked from 7:00 a.m. until 7:00 p.m. On June 22, 2013, around 9:30 a.m., Respondent was found lying on the floor of the clean utility room by a unit tech. Respondent had made a “pallet” of several blankets on the floor. When Respondent was questioned by the unit tech if she felt okay, Respondent stated that she was fine and that she was lying down for a few minutes. When Respondent was getting up off the floor, she said “ouch, that hurts” and said something was “poking” her. Respondent then pulled a syringe from under her body and claimed it was in the blanket. There was no reason for a syringe to be in the utility room and the plunger on the syringe was pushed all the way down the barrel, indicating that it contained no medication. Co-workers reported that Respondent “wasn’t acting right” and that Respondent was “sluggish” and unable to respond to simple questions. It was also reported by co-workers that Respondent was driving erratically when she pulled into the parking lot, was tailgating another car, and used profanity towards the driver of the other car when Respondent exited her vehicle. Co-workers also observed Respondent appearing to be tired in that her head drooped and she rolled her eyes when she spoke and she appeared to “doze off” when talking to a patient. Respondent tested positive for methamphetamine and amphetamine.
Revoked 03/23/2015

Poage, Jeanna K.
Kansas City, MO
Registered Nurse 139362

On February 27, 2013, the Kansas State Board of Nursing issued a Summary Order denying Respondent’s renewal application for licensure based upon the following findings: Respondent was diagnosed with polysubstance dependence and referred to KNAP for evaluation and monitoring in December 2004. Respondent entered into a three year agreement as KNAP participant on the 16th of May 2005. In August 2006, Respondent relapsed and in May, 2007 KNAP sent Respondent a letter indicating Respondent was non compliant with her KNAP Agreement and KNAP closed her case. As a result of the action of the Kansas Board of Nursing, the California Board of Nursing revoked Respondent’s license in a Default Decision and Order effective December 24, 2013; however, it does not appear that Respondent received notice of the proceedings in California and her California license expired on September 30, 2005.
Revoked 04/01/2015

Davis, E. Anne
Raymore, MO
Registered Nurse 117232

On June 2, 2010 at 1900, Respondent engaged a “code blue” for a non-emergent situation, causing key personnel to leave their patients and duties and respond to her unit in an emergent manner. On January 25, 2011, Respondent yelled at a fellow staff member and raised her voice and would not listen nor calm down to listen what he had to say. On August 1, 2012, Respondent was ranting, raving and exhibiting unprofessional behavior toward coworkers and raised her voice. On September 28, 2013, Respondent was unable to give a coherent report to a physician about a patient, began stomping, cursing and crying, and threw a stethoscope at another staff member. She also stated in reference to a patient: “I’ve killed his kidneys.” Respondent also stated she was not receiving adequate reports from prior nurses on patients, but continually charted that she received report and assumed care of the patients with no notations of poor or inadequate reports received. When confronted by hospital supervisors, Respondent admitted that she understood these behaviors were not acceptable and could not be tolerated by the hospital. At the time of her termination from the hospital, Respondent stated she was sometimes expected to “be a doctor” and made statements implying her patients either went to heaven or hell, depending on what actions she may have possibly taken in relation to their care.
Revoked 04/01/2015

McAnally, Cheryl D.
Kearney, MO
Registered Nurse 118351

On July 17, 2013, Respondent pled guilty to one felony count of theft and four felony counts of forgery in the State of Kansas.
Revoked 04/22/2015



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Pachauri, Sanny
Saint Louis, MO
Registered Nurse 2006025151


The Missouri Board received information from the California Board of Registered Nursing (California Board) of final disciplinary action against Respondent’s license. The action taken was a Decision and Order before the Board of Registered Nursing, Department of Consumer Affairs, State of California, effective May 14, 2014. The Decision and Order from the California Board denied Respondent’s application for a Registered Professional Nursing license in that state. Attached to the Decision and Order was a “Statement of Issues” by the California Board which found that Respondent had failed to report to that Board that she was criminally convicted of Trespass in St. Louis County, Missouri on January 14, 2010, because of her conduct in shoplifting over \$800 worth of merchandise at a store in Des Peres, Missouri, in 2009. The “Statement and Issues” further related that when she applied for a California registered professional nursing license, she failed to report this conviction, and therefore her registered professional nursing license was subject to denial for committing a dishonest, fraudulent, or deceitful act, with the intent to substantially benefit herself, or substantially injure another. The “Statement and Issues” further related that the conviction itself was substantially related to the qualifications, functions, or duties of a registered nurse, and Respondent was subject to denial of her registered nursing license for that reason as well. In a final Decision and Order effective May 14, 2014, the California Board denied Respondent’s application for a registered nursing license in that state. The Missouri Board received certified court documents on or about May 28, 2014 that stated that: On January 14, 2010, Respondent pled guilty to one count of Trespass in the First Degree, which the Missouri Board discovered upon receiving the California Board Order. When Respondent renewed her license with the Missouri Board in 2013, she did not report the 2010 conviction.
Revoked 03/23/2015

Trimble, Maria Kristine
Winston, MO
Registered Nurse 2007029971

From April 3, 2014, through January 26, 2015, Respondent failed to call in to NTS on one hundred- thirty (130) separate days. From April 3, 2014, through January 26, 2015, Respondent failed to show for testing with NTS on eight (8) separate days. In accordance with the terms of the Agreement, Respondent was required to obey all federal, state and local laws, and rules and regulations governing the practice of nursing in this state. On September 18, 2014, Respondent began incarceration with the Missouri Department of Corrections for a term of three (3) years as a result of her criminal probation being revoked for violation of the conditions of her probation after being arrested for driving while suspended. In accordance with the terms of the Agreement, Respondent was required to submit quarterly updates of both her employment/unemployment status and also evidence of attendance at support group meetings. The Board did not receive proof of either her employment status or her evidence of attendance at support group meetings by the documentation due date of December 12, 2014.
Revoked 04/22/2015

Ruschill, Evan Lee
Hazelwood, MO
Registered Nurse 2005040679

In February 2014, Respondent went on leave from the hospital



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and eventually exhausted his leave time. He was eventually released from employment at the hospital. From approximately June 1, 2014 through June 21, 2014, Respondent called his unit at the hospital at various times in an angry and hostile manner requesting he be able to return to work and made vague and, at times, specific threats against several hospital employees, including, “I know someone who is going to get her head blown off,” and “I’m going to bash her face in.” He also pretended to be an employee’s husband on the phone at one point and over the course of several conversations related bizarre and unusual statements to the staff there, including that people in the apartment above him were trying to set his apartment on fire, that his apartment was being flooded, and that he was being chased at one point by someone with a flame-thrower. He also at one point stated he “did not want innocent people to get hurt, but would get the ones that were against him.” Hospital officials took these threats very seriously and contacted the Police Department, in addition to filing for a temporary restraining order in circuit court to keep Respondent from setting foot on their campus. On June 27, 2014, the Circuit Court of St. Louis County issued a temporary restraining order in “prohibiting Respondent from setting foot within 500 feet of Center medical campus” and served Respondent with a copy of the Order on June 23, 2014. Respondent, in his interview with the Board’s investigator in regard to his conduct in reference to the hospital, made several bizarre and questionable statements, including that a former co-worker and her children were living in the condo above him, asking the Board’s investigator if co-workers entered her house, stating that persons in charge of disability paperwork wanted him to come up with a cure for HIV, and that when he called his former unit at the hospital, he was informed he was being threatened.
Revoked 04/21/2015

Stringfellow, Samantha Margaret
Holt, MO
Licensed Practical Nurse 2003021407
Respondent was advised by certified mail to attend a meeting with the Board’s representative on October 14, 2014. Respondent

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Revocation continued from page 15

did not attend the meeting or contact the Board to reschedule the meeting. In accordance with the terms of the Order, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), to schedule random witnessed screening for alcohol and other drugs of abuse, the frequency and method of which shall be at the Board’s discretion. Respondent was to complete the contract process with NTS within five (5) weeks of the effective date of the Order. Respondent did not complete the contract process with NTS within five (5) weeks of the effective date of the Order. Pursuant to the terms of the Order, Respondent was to submit quarterly employer evaluations from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of December 25, 2014. Pursuant to the terms of the Order, Respondent was required to submit a chemical dependency evaluation to the Board within eight (8) weeks of the effective date of the Order. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent’s behalf by the documentation due date of November 25, 2014. In accordance with the terms of the Order, Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by December 30, 2014. Respondent did not submit proof of completion of the continuing education classes by the December 30, 2014, due date.

Revoked 03/23/2015

Davis, Jeffrey Scott
Wappapello, MO
Registered Nurse 2011003231

Respondent has failed to call in to NTS on two (2) days. As part of the terms of his disciplinary period, Respondent was required to completely abstain from the use or consumption of alcohol in any form. On March 21, 2013, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol.

Revoked 04/27/2015



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REVOCATION continued...

Grigsby, Jessica R.
Marceline, MO
Registered Nurse 155471

Respondent was asked to take a drug screen by hospital officials. The drug screen tested positive for Oxycodone. Respondent admitted to hospital officials that in regard to the positive test that she had taken a friend’s Percocet. Respondent was thereafter suspended by hospital officials for three weeks and was required to enroll in an employee assistance program. She eventually returned to work at the hospital. Respondent removed and diverted Neurontin tablets from the Pyxis for her own use.

Revoked 03/23/2015

Smith, Rhonda K.
Hannibal, MO
Licensed Practical Nurse 2004035647

On March 11, 2013, Respondent was on duty in the home of patient C.C. and was scheduled to be relieved of duty at 7:00 a.m. C.C. suffered a traumatic brain injury, which left him unable to talk or move on his own, so he required round the clock care. C.C. lived in his mother’s home, but she had already gone to work when the relief nurse arrived for duty. Respondent knew that C.C. was ill and had been given instructions to pass information about his condition to the relief nurse so that a call could be placed to C.C.’s doctor for guidance on what should be done for C.C. in light of his illness. When C. arrived at 6:55 a.m., Respondent was asleep in a rocking chair. She remained asleep, even after C. came into the front door and called out to Respondent. When Respondent was awakened and she and C. proceeded to C.C.’s room to check on him, his blood oxygen level was below normal, and he was in respiratory distress. His body was also covered in a significant amount of urine and feces. Due to C.C.’s respiratory difficulty, C. called in C.C.’s respiratory care therapist who administered treatment that restored C.C.’s proper oxygen level.

Revoked 03/30/2015

Stephenson, Dianna Jean
Liberty, MO
Licensed Practical Nurse 2000168078

On August 22, 2013, a discrepancy was noted in a controlled substance count for a patient’s supply of liquid Ativan. All of the nurses providing care for the patient, including Respondent, were requested to submit a sample for a for cause drug screen. On August 23, 2013, Respondent submitted a sample for the requested drug screen. The sample that Respondent submitted tested positive marijuana.

Revoked 03/23/2015

Yates-Karle, Amy Joellen
Sullivan, MO
Licensed Practical Nurse 2011004367

On June 8, 2011, a certified nurse assistant (“CNA”) working at the facility reported a concern about Respondent’s handling of C.T., one of the facility residents with Huntington’s chorea. Respondent disclosed that she had recently learned how to use the “pressure point” in the wrist to deal with combative residents in order to “bring them down.” The maneuver Respondent described involved the bending of the patient’s hand forward while applying pressure to the wrist.

Revocation continued on page 17

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In a written statement Respondent tendered upon her suspension on June 9, 2011, she described the incident with C.T.: “I actually just learned how to block his hits and kicks and hold his wrist in such a manner as to keep him from being able to continue to physically combat me or staff’s [sic]... P.S. I do remember saying to the CNAs that it takes very little pressure to hold a wrist that way that I learned, so it is safer.” She stated her use of the term “pressure point” had been a mistake. During the subsequent investigation related to Respondent’s admitted use of pressure points, C.T. and another resident with Huntington’s chorea, D.H., were discovered to have bruising around their wrists. In Respondent’s nursing notes appearing in C.T.’s chart, in entries made June 3 and June 8, 2011, Respondent makes reference to getting C.T. “subdued.” On July 25, 2012, after conducting its own investigation, the Department of Health and Senior Services placed Respondent on its Employee Disqualification List (“EDL”) for a period of 18 months for her conduct at the facility. Revoked 03/23/2015

Ramos, Nicolette Lee
Seligman, MO
Registered Nurse 2010036091

Respondent submitted to a urine drug screening test as part of the pre-employment hiring process with a facility. The urine sample tested positive for THC, a metabolite of marijuana. Revoked 03/23/2015

Brown, Susan Denise
Saint Clair, MO
Registered Nurse 2004004058

On February 15, 2012, Respondent was in the facility office at approximately 10:00 a.m. for a meeting, having already seen a hospice patient earlier in the morning, in the ordinary course of her work day. While she was interacting with Respondent, at around 10:00 a.m., Ms. D smelled the strong odor of what Ms. D described as “minty alcohol” on Respondent’s breath and observed that Respondent’s face had a ruddy appearance and her nose was red. Respondent was removed from the staff meeting and asked to consent to a breath test, which she did. According to Respondent’s breath tests, her blood alcohol level was .231 on the first blow and .224 on the second blow 15 minutes later. Revoked 03/23/2015

Cheek, Debra Jean
Farmington, MO
Registered Nurse 2004014902

On September 5, 2014, Respondent pled guilty to the class C felony of stealing a controlled substance. Revoked 03/23/2015

Roberts, Amy Lea
Richmond, MO
Licensed Practical Nurse 2008031826

Respondent was advised by certified mail to attend a meeting with the Board’s representative on September 9, 2014, at 9:00 a.m. Respondent did not attend the meeting or contact the Board to reschedule the meeting. In accordance with the terms of the Order, Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), to schedule random witnessed screening for alcohol and other drugs of abuse within five (5) weeks of the effective date of the Order. Respondent did not complete the contract process with NTS. Pursuant to the terms of the Order, Respondent was required to submit a chemical dependency evaluation to the Board within eight (8) weeks of the effective date of the Order. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent’s behalf. Pursuant to the terms of Respondent’s probation, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment by the specified due dates provided to her by the discipline administrator. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of October 10, 2014, or January 12, 2015. Pursuant to the terms of Respondent’s probation, Respondent was required to submit proof of completion of continuing education courses and have the certificate of completion for all hours submitted to the Board on or before October 8, 2014. The Board did not receive proof of completion of the required continuing education course by October 8, 2014. Revoked 03/23/2015

Florez, Ashley Lee
Raytown, MO
Registered Nurse 2008020018

Respondent failed to complete the contract process with NTS within twenty (20) working days of the effective date of the Agreement. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent’s behalf within six (6) weeks of the effective date of the Agreement. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of September 5, 2014. In accordance with the terms of the Agreement, Respondent was required to meet with representatives of the Board at such times and places as required by the Board. Respondent did not attend the meeting or contact the Board to reschedule the meeting. Revoked 03/23/2015

Wary, Linda Schoech
Pittsburg, KS
Registered Nurse 2005031208
The Missouri State Board of Nursing received information from

the Kansas State Board of Nursing via the NURSYS website that the nursing license of Respondent was revoked in Kansas. Revoked 04/13/2015

Claxton, Kelly Ann
Kansas City, KS
Registered Nurse 2008004706

The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of December 24, 2014. Respondent was required to obtain continuing education hours covering the following categories: RN.com: 2 classes: Diabetes; Restraints; and at ATI-Assessment Technologies Institute: 4 classes: Medication Administration 1, 2, 3 and 4; and have the certificate of completion for all hours submitted to the Board by December 26, 2014. As of January 26, 2015, the Board had not received proof of any completed hours. Revoked 03/23/2015

Chilton, Kristen Rachelle
Van Buren, MO
Registered Nurse 2005021021

From July 3, 2014 through January 27, 2015, Respondent failed to call in to NTS on one hundred and nineteen (119) days. On seven (7) occasions, Respondent failed to call NTS; however, these were days that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on July 3, 2014, October 22, 2014, November 3, 2014, November 25, 2014, December 9, 2014, December 29, 2014, and January 8, 2015. In addition, Respondent called NTS on October 13, 2014 and was selected to submit a sample for testing that day; however, Respondent failed to submit a sample for testing on that day. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of October 23, 2014 and January 23, 2015. The Board did not receive an updated chemical dependency evaluation submitted on Respondent’s behalf by the documentation due dates of October 23, 2014 and January 23, 2015. The Board did not receive evidence of regular support group attendance by the documentation due dates of October 23, 2014 and January 23, 2015. The Board did not receive proof of completed continuing education hours covering the required courses by the September 30, 2014, documentation due date. Revoked 03/23/2015

Wyatt, Vernalisa Marie
Kansas City, MO
Licensed Practical Nurse 2003022288

Respondent signed the meeting summary acknowledging that she understood the requirements of the Order and returned a copy. The Board received a signed copy of the meeting summary on February 24, 2014. Pursuant to the terms of Respondent’s probation in the Order, Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of July 15, 2014, October 15, 2014 and January 15, 2015. Revoked 03/23/2015

SUSPENDED

Bajkowski, Rebecca J.
Pleasant Hill, MO
Registered Nurse 100465

From November 4, 2014, until the filing of the probation violation Complaint, Respondent had failed to call in to NTS on two different days. On January 9, 2015, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted to Dr. Greg Elam of NTS that she had used Nyquil and, in addition, alcohol-based hand sanitizers at work. On January 28, 2015, Respondent reported to a collection site to provide a sample for a phosphatidyl ethanol bloodspot (PETH) test and the sample tested positive for phosphatidyl ethanol, an indicator of alcohol use. Respondent admitted to Dr. Greg Elam of NTS that she had been at a friend’s house a couple of times who served what she thought was “virgin” drinks. Pursuant to the terms of the Agreement, Respondent was required to submit a chemical dependency evaluation to the Board within eight (8) weeks of the effective date of the Agreement, which was November 25, 2014. The Board did not receive Respondent’s chemical dependency evaluation until December 3, 2014. Suspension 04/06/2015 to 10/06/2015; Probated 10/07/2015 to 10/07/2020

Hancock, Tonya Michelle
Crane, MO
Registered Nurse 2008005839

In accordance with the terms of the Order, Respondent was required to abstain completely from the use or consumption of alcohol in any form. As Respondent was participating in the Stone County Drug Court Program, the Board accepted drug testing from that program in lieu of requiring Respondent to contract with the Board’s third-party administrator of drug and alcohol screenings. On November 23, 2014, Respondent reported to a collection site to provide a sample for testing pursuant to the requirements of the Stone County Drug Court, and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of December 19, 2014.

Suspension 03/23/2015 to 09/23/2015; Probated 9/24/15 - 9/24/2020

Cordsmeyer, Rebecca Jill
Saint Thomas, MO
Licensed Practical Nurse 2011029439

Respondent did not complete the contract process with NTS within five weeks of the effective date of the Order. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent’s behalf within eight weeks of the effective date of the Order. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of October 16, 2014 and January 16, 2015. Suspension 04/02/2015 to 10/02/2015; Probated 10/03/15 to 10/03/20

Shively, Felicia D.
Lancaster, MO
Registered Nurse 148016

The Board has not received a thorough chemical dependency evaluation submitted on Respondent’s behalf, and it has now been more than eight (8) weeks since both Order #1 and Order #2 were issued. From October 1, 2014 through January 28, 2015, Respondent has failed to call in to NTS on one (1) day. Respondent spoke to the Discipline Administrator in October, 2014, who informed Respondent that the facility Respondent was seeing for a mental health evaluation was not doing a chemical dependency evaluation on Respondent. Respondent then called the facility, but never contacted Ms. Wolken in relation to the chemical dependency evaluation after her phone call to Respondent, and did not submit a chemical dependency evaluation. Suspension 04/01/2015 to 10/01/2015; Probated 10/02/15 to 10/02/20

Pipes, Ellen Beth
Eldon, MO
Licensed Practical Nurse 2003010979

From August 29, 2013 through January 21, 2015, Respondent failed to call in to NTS on four separate days. In addition, on five separate occasions, September 24, 2013, January 14, 2014, April 29, 2014, August 1, 2014, and December 4, 2014, Respondent reported to the lab and submitted the required sample which showed a low creatinine reading. On September 15, 2014, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Oxymorphone. Respondent did not have a current, valid prescription for Oxymorphone. Suspension 04/01/2015 to 10/01/2015; Probated 10/02/15 to 10/02/20

Owens, Brandon Timothy
Saint Louis, MO
Registered Nurse 2013033904

On November 7, 2014, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. On November 21, 2014, Respondent reported to a collection site to provide a sample and the sample tested positive for Phosphatidyl Ethanol (PETH), a metabolite of alcohol. Suspension 04/27/2015 to 10/27/2015; Probated 10/28/15 to 10/28/20



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Suspension continued from page 17

Dauma, Shelia Grace
Kansas City, MO
Licensed Practical Nurse 2008003691
On October 26, 2014 and November 21, 2014, the Respondent failed to call in to NTS. Respondent was required to submit a chemical dependency evaluation to the Board within eight (8) weeks of the effective date of the Agreement, or by November 28, 2014. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent's behalf. Respondent was required to file a quarterly statement of employment or a statement of unemployment by the documentation due date of January 5, 2015. Respondent did not file a statement of unemployment with the Board until January 12, 2015. On January 7, 2015, Respondent reported to a collection site and submitted a sample. The sample tested positive for Tramadol. Tramadol requires a prescription to be possessed and consumed. Respondent did not have a prescription for Tramadol. Suspension 04/23/2015 to 10/23/2015

McCarty, Connie Marie
Rockaway Beach, MO
Registered Nurse 2008020781
From August 15, 2014 through January 22, 2015, Respondent has failed to call in to NTS on five (5) days. Further, on August 27, 2014, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. Pursuant to the terms of the Agreement, Respondent was required to submit a quarterly updated chemical dependency evaluation to the Board. The Board did not receive an updated chemical dependency evaluation submitted on Respondent's behalf by the documentation due date of January 19, 2015. The Board did not receive proof of support group attendance by the documentation due date of January 19, 2015. Respondent was interviewed for a chemical dependency evaluation on July 24, 2014. On page 3 of Respondent's chemical dependency evaluation, the evaluator notes that on the date of the evaluation, Respondent tested positive for opiates and admitted to "taking her boyfriend's Hydrocodone four days ago for back pain." Respondent called her chemical dependency evaluator and asked if the evaluator would perform a new evaluation which would not mention her use of hydrocodone. Suspension 04/01/2015 to 06/01/2015; Probated 10/2/2015 to 10/2/2020

VOLUNTARY SURRENDER

Fogle, Carol J.
Hannibal, MO
Registered Nurse 143246
On the night of February 8 - 9 2011, Licensee did not enter any inmate's room between 12:51 a.m. and 4:42 a.m. On that night Licensee documented in the electronic record for nine different inmates that at 2:00 a.m. they were "resting in bed with eyes closed" and either "resp. even and unlabored" or "no distress." For most of those inmates, Licensee also documented at 4:00 a.m., "No change in condition." For three other inmates, she documented, "no change in condition" at 3:00 a.m. She documented vital signs for one inmate at midnight, one at 2:00 a.m., and three at 4:00 a.m. Voluntary Surrender 05/22/2015

Heuer, Doris J.
Harrisburg, MO
Registered Nurse 131751
On May 31, 2014 Licensee was caring for patient in his home, which involved changing his catheter. CJ was somewhat uncooperative, and would not lie on his back. Licensee, however, continued with the procedure, resulting in the balloon portion of the catheter blowing up and rupturing CJ's urethra. Licensee admitted to the Board's investigator that she should have refused to do the procedure when CJ refused to lie down in the appropriate way. Voluntary Surrender 05/22/2015

Albertson, Bobby Leonard
Lake Saint Louis, MO
Registered Nurse 2006006116
On December 23, 2014, the Board received a self-report from Licensee admitting to diverting Benadryl from the hospital where he was employed. Voluntary Surrender 03/23/2015

Pullin, Jennifer Desiree
House Springs, MO
Registered Nurse 2011002732
Licensee was employed as an RN by a nursing agency and assigned to work at a hospital in Missouri. Licensee failed to properly document the waste of narcotics she had withdrawn, and failed to properly document the administration times of narcotics given to her patients. Due to the narcotics discrepancies, Licensee took a for-cause drug screen, which was positive for opiates and marijuana.

VOLUNTARY SURRENDER continued...

Prior to submitting a sample for testing, Licensee was discovered to have seven (7) 2 mg/ml vials of morphine in her pockets. Voluntary Surrender 05/01/2015

Breiling, Jackie Elizabeth
Kent, WA
Licensed Practical Nurse 2009026141
The Missouri State Board of Nursing received information from the Washington State Board of Nursing via the NURSUS website that Licensee's nursing license in the State of Washington was disciplined as a result of medication administration errors and testing positive at work for controlled substances for which she did not have a prescription. Voluntary Surrender 04/27/2015

Comer, Rhonda S.
Marshfield, MO
Registered Nurse 150998
Licensee demonstrated inconsistent practice related to medication administration and waste. Voluntary Surrender 03/10/2015

Kocsis, Sandra Lee
Saint Charles, MO
Registered Nurse 2012041369
On September 26, 2013, Licensee took her housemate's hydrocodone, Xanax, and Compazine without permission. Licensee admitted to the Board's investigator that she took the hydrocodone and ingested it. Licensee informed the Board's investigator that she stole her housemate's Xanax and Compazine, but did not ingest them. Voluntary Surrender 04/28/2015

Goldsberry, Pamela D.
Jefferson City, MO
Registered Nurse 115043
On December 11, 2013, Licensee was given permission to work at home to complete documentation. DHH noticed later in the day licensee's documentation was not complete and contacted her. Licensee indicated her laptop would not "sync" with the system. The DHH instructed Licensee to actually come into the office to complete documentation; when Licensee arrived she was disheveled, erratic and smelled of alcohol. Licensee was asked to take a "for cause drug screen" and initially agreed to be tested, but then refused. Licensee indicated she had ingested half of a beer with her son prior to coming to attend to the computer. Voluntary Surrender 03/23/2015



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